			1		•			Applic	alion	or	Docket N	lumber
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003  CLAIMS AS FILED - PART I												
	CLAIMS		D - PART	_	lumn 21°		SMALI	ENTIT				ER THAI
TOTAL CLAIMS		1/4	7			7	RATI			OR		L ENTIT
FOR		NUME	NUMBER FILED		YUMBER EXTRA		BASIC I				BASIC F	<del></del>
TOTAL CHARGEABLE CLAIMS		5 19	minus 20=	. 1	) Ve			-		OR		1
INDEPENDENT CLAIMS		14	14 minus 3 = 11			1	X\$ 9			OR	X\$18:	000
MULTIPLE DEPENDENT CLAIM PI		PRESENT				1	X43=		<b>—</b>	OR	X86≥	146
• If the differe	nce in column 1	is loss than		· · · · ·		L	+145=			DR	+290=	
White owners					column S		TOTAL		J	OR	TOTAL	1716
a	CLAIMS AS (Column 1		ED - PART (Column		(Column 3)		SMAI I	L ENTIT	· ~			RTHAN
4	CLAIMS REMAINING		HIGHE	ST		IF	OINAC	ADD		" [	SMALL	ENTITY
Total Independent	AFTER AMENDMENT	-1	PREVIOU PAID FO	ISLY	PRESENT EXTRA		RATE	TION	XL		RATE	TIONA
Total	. 19	Minus	- a				X\$ 9=	FEE	7	_Ի	X\$18=	FEE
Independen		Minus	12	1_	•	-	X43=	+	- °	"├		
FIRST PRE	SENTATION OF A	AULTIPLE D	EPENDENT C	LAIM		H	V435	<del> </del>	- <b> </b> º	P	X86	
						Ŀ	145=		Ö	٦L	+290=	
B	<b>10</b> 1					AD	TOTAL DIT. FEE		OF	AD	TOTAL DIT. FEE	
	(Column 1)	T	(Column		(Column 3)	_			_	_		
	REMAINING AFTER		PREVIOUS		PRESENT EXTRA	١,	RATE	ADDI- TIONAL		1,	RATE	ADDI- TIONAL
Total	AMENOMENT	<b>.</b>	PAID FOI	R		Ŀ		FEE		L		FEE
Independent	10	Minus	-20		<del></del>	L	\$ 9±		ЮĦ	13	<b>C\$18</b> =	
AFTER AMENOMENT PREVIOUSLY PAID FOR TOTAL MINUS TOTAL							43=		OR	Γ;	X86=	•
			2110,2111 02		<u></u> J		145=		OR	1.	290=	
					-		TOTAL	, .	OR	L	TOTAL	•
	(Column 1)		(Column:2	2) (0	olumn 3)	ADD	IT. FEE L		<b>J</b> 011	ADC	XT. FEEL	
`	CLAIMS REMAINING	·	. HIGHEST	$\neg$	PRESENT	<u></u>		ADDI-		_		ADDI-
	AFTER AMENDMENT		PREVIOUSL PAID FOR		EXTRA	R	ATE T	TIONAL		R	ATE	TIONAL
Total		Minus	**	寸.		H.,	_+	FEE		_		FEE
Independent	<del></del>	Minus	***	<del> </del> -		LX3	9=		OR	X	18=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						X4	3= .		OR	X	86=	
						+14	5=		OR	+2	90= -	
the mignest Nu	mn 1 is less than the inder Previously Pak	For IN THIS	SPACE - James				OTAL		OB.	-	TOTAL	
nic untries with	mber Previously Paid ber Previously Paid	I FOR IN THIS	CDACE is take	*		ADDIT				wor	T. FEE	

FORM PTO-875 (Rev. 10/03)